CLAIMS

What is claimed is:

1. A method of treating idiopathic pulmonary fibrosis (IPF) in an individual, the method comprising administering to the individual an effective amount of IFN-γ

wherein the individual has a forced vital capacity (FVC) that is at least about 55% of the normal predicted value.

2. The method of claim 1, wherein the method further comprises administering a corticosteroid to the individual.

3. The method of claim 1, wherein the probability of survival of the individual is at least about 10% greater than an expected probability of survival without administration of IFN-γ.

4. The method of claim 1, wherein the probability of survival of the individual is at least about 15% greater than an expected probability of survival without administration of IFN-γ.

5. The method of claim 1, wherein the risk of death of the individual is at least two-fold less than an expected risk of death without administration of IFN-γ.

6. The method of claim 1, wherein the risk of death of the individual is at least four-fold less than an expected risk of death without administration of IFN-γ.

7. The method of claim 1, wherein IFN-γ is administered in a dose of about 80 $\mu g/m^2$ to about 90 $\mu g/m^2$.

8. The method of claim 1, wherein IFN-γ is administered in a dose of about 200 μg.

9. The method of claim 7 or 8, wherein IFN-γ is administered three times weekly.

10. The method of claim 9, wherein IFN-γ is administered by subcutaneous administration.

11. A method for increasing probability of survival of an individual having idiopathic pulmonary fibrosis (IPF), the method comprising administering to the individual an effective amount of IFN-γ

wherein the individual has a forced vital capacity (FVC) that is at least about 55% of the normal predicted value.

12. The method of claim 11, wherein the method further comprises administering a corticosteroid to the individual.

13. The method of claim 11, wherein the probability of survival of the individual is at least about 10% greater than an expected probability of survival without administration of IFN-γ.

14. The method of claim 11, wherein the probability of survival of the individual is at least about 15% greater than an expected probability of survival without administration of IFN-γ.

15. The method of claim 11, wherein IFN-γ is administered in a dose of about 80 $\mu g/m^2$ to about 90 $\mu g/m^2$.

16. The method of claim 11, wherein IFN-γ is administered in a dose of about 200 μg.

17. The method of claim 15 or 16, wherein IFN-γ is administered three times weekly.

18. The method of claim 17, wherein IFN-γ is administered by subcutaneous administration.

19. A method of reducing the risk of death of an individual having idiopathic pulmonary fibrosis (IPF) in an individual, the method comprising administering to the individual an effective amount of IFN-γ

wherein the individual has a forced vital capacity (FVC) that is at least about 55% of the normal predicted value.

20. The method of claim 19, wherein the method further comprises administering a corticosteroid to the individual.

21. The method of claim 19, wherein the risk of death of the individual is at least two-fold less than an expected risk of death without administration of IFN-γ.

22. The method of claim 19, wherein the risk of death of the individual is at least four-fold less than an expected risk of death without administration of IFN-γ.

23. The method of claim 19, wherein IFN-γ is administered in a dose of about 80 $\mu g/m^2$ to about 90 $\mu g/m^2$.

24. The method of claim 19, wherein IFN-γ is administered in a dose of about 200 μg.

25. The method of claim 23 or 24, wherein IFN-γ is administered three times weekly.

26. The method of claim 25, wherein IFN-γ is administered by subcutaneous administration.

27. A method of treating idiopathic pulmonary fibrosis in an individual, the method comprising the steps of:

(a) ascertaining that the individual has a forced vital capacity (FVC) of at least about 55% of the normal predicted value; and

(b) administering to the individual an effective amount of IFN-γ.

28. The method of claim 27, wherein the probability of survival of the individual is at least about 10% greater than an expected probability of survival without administration of IFN-γ.

29. The method of claim 27, wherein the probability of survival of the individual is at least about 15% greater than an expected probability of survival without administration of IFN-γ.

30. The method of claim 27, wherein the risk of death of the individual is at least about two-fold less than an expected risk of death without administration of IFN-γ.

31. The method of claim 27, wherein IFN-γ is administered in a dose of about 80 $\mu g/m^2$ to about 90 $\mu g/m^2$.

32. The method of claim 27, wherein IFN-γ is administered in a dose of about 200 μg.

33. The method of claim 31 or 32, wherein IFN-γ is administered three times weekly.

34. The method of claim 33, wherein IFN-γ is administered by subcutaneous injection.

35. The method of any of claims 1-34, wherein the individual is a human.